



PART B - FEE(S) TRANSMITTAL

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,979	11/28/2003	David B. Gilgen	RSW920030248US1	9498

TITLE OF INVENTION: FAST DETECTION OF THE ORIGINS OF MEMORY LEAKS WHEN USING POOLED RESOURCES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	06/15/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS	06/15/2010	SZWDIE2	00000009	090461	10723979
DENG, ANNA CHEN	2181	717-127000	01 FC:1501	1510.00	DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jeanine S. Ray-Yarletts, Esq.

2 Steven M. Greenberg, Esq.

3 Carey, Rodriguez, Greenberg & Paul, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0461

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Steven M. Greenberg/

Date April 8, 2010

Typed or printed name Steven M. Greenberg

Registration No. 44,725

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